

VIATICAL SETTLEMENT BROKER APPOINTMENT/AFFILIATION NOTICE

(Fee: \$20.00 per appointment or affiliation)

TO: Office of the Insurance Commissioner
5000 Capitol Blvd.
Tumwater, WA 98501
Mailing Address:
P.O. Box 40257
Olympia, WA 98504-0257 Phone: (360) 725-7144

FROM:

| | | | |
|---|----------------|--------------|-----------------------------------|
| _____ Name of viatical settlement provider or broker (Firm or Corporation) | | | _____ License ID# (PIC/CIC) |
| _____ Address | | | |
| _____ City | _____ State | _____ Zip | |

DATE:

| | | |
|----------------|---------------|---------------|
| _____ Month | _____ Date | _____ Year |
|----------------|---------------|---------------|

RE:

| | | | |
|--|----------------|--------------|-----------------------------------|
| _____ Name of Appointee or Affiliate, Exactly as Licensed | | | _____ License ID# (PIC/CIC) |
| _____ Resident Address | | | |
| _____ City | _____ State | _____ Zip | _____ SS# or FEIN |

RE:

| | | | |
|--|----------------|--------------|-----------------------------------|
| _____ Name of Appointee or Affiliate, Exactly as Licensed | | | _____ License ID# (PIC/CIC) |
| _____ Resident Address | | | |
| _____ City | _____ State | _____ Zip | _____ SS# or FEIN |

The above named individual(s) is/are hereby appointed or certified to be affiliated as a Viatical Settlement Broker(s) by the Viatical Settlement Provider or Broker.

The appointment(s) or affiliation(s) is/are subject to restrictions which may be placed upon the authority of the viatical settlement broker by the appointing or certifying authority, and to the existence of a valid license issued to the appointee(s) or affiliate(s) by the Insurance Commissioner of the State of Washington.

Signature of Appointing Authority